

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17007
2260

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5128 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 82 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Daniel J. Kennaley

3. (b) If veteran, name war. no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 13 years
7. Birth date of deceased April 25th 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 20 Days 25 If less than one day hr. min.

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Hardware

12. Name Timothy Kennaley

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Ellen McCarthy

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Edward J. Kennaley

(b) Address 6139 McGee

17. (a) Burial (b) Date thereof May 17, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John Funeral Home

(b) Address 3146 Main Street

19. (a) May 16 1943 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5128 Forest
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1943 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from Art 1st
19 42 to 5-13 1943
that I last saw him alive on 13th May 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Prostate
Due to 51 B
Due to

Other conditions Prostate
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy m

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.

23. Signature St. J. Owens (M. D. or other)
Address 1034 Date signed 5-15-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Park G. Rowe

Licensed Embalmer No. *2347*

P. O. Address *11 E. 740*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.